

In-Service Training Program Application

Type Application	
<input type="checkbox"/>	Initial <i>(Request for approval of first-time program OR program which was suspended or discontinued.)</i>
<input type="checkbox"/>	Renewal <i>(Renewal of current, on-going program for the next program year.)</i>

Program Year	
<input type="checkbox"/>	Calendar Year (January - December) <i>Application Deadline November 1st.</i>
<input type="checkbox"/>	Fiscal Year (July - June) <i>Application Deadline May 1st.</i>

EMS Provider Information	
Primary Agency Name	Agency SC License #
Agency Mailing Address	
City/State/Zip Code	Phone #

IST Primary Training Officer Information	
Name <i>(Person responsible for all administrative aspects of program.)</i>	
Mailing Address	
City/State/Zip Code	
Home Phone #	Work Phone # Cell Phone # Pager #

EMS Providers Covered By Program				
List All EMS Providers <i>(Include Primary Agency)</i>		Level of Training Covered by Program		
Agency Name	SC License #	Basic	Intermediate	Paramedic

Medical Control Endorsement		
Must be on file as Medical Control for ALL Agencies listed above.		
Print Name	Signature	Date
<i>I have read, understood and will assure that the program complies with all guidelines as established by DHEC. I have attended or will attend a DHEC medical control workshop. I understand that I am NOT authorized to grant exam waivers until I have successfully completed an entire medical control workshop. I understand I must maintain my medical control status by completing any necessary recertification processes.</i>		

IST Program Overview

Primary EMS Provider Name

Primary Training Officer Name

Actual Training		Proposed Training	Divisions	Minimum Three Year Hours Required		
Last Year <i>(Optional)</i>	Current Year <i>(Optional)</i>	Awaiting Approval <i>(Required)</i>				
Month/Year	Month/Year	Month/Year				
From:	From:	From:				
To:	To:	To:				
Hours	Hours	Hours	Preparatory	Basic	Intermediate	Paramedic
			EMS Systems: Roles and Responsibilities	6	6	6
			The Well-Being of the EMT			
			Injury Prevention			
			Medical / Legal Issues			
			Ethics			
			Overview of Human Systems			
			General Principles of Pathophysiology			
			Pharmacology			
			Venous Access & Medication Administration			
			Therapeutic Communications			
			Total Preparatory Hours			
Hours	Hours	Hours	Airway Management & Ventilation	Basic	Intermediate	Paramedic
			Airway Management & Ventilation	6	6	6
			Total A/W & Vent Hours			
Hours	Hours	Hours	Patient Assessment	Basic	Intermediate	Paramedic
			History Taking	3	0	0
			Techniques of Physical Examination			
			Patient Assessment			
			Clinical Decision Making			
			Communications			
			Documentation			
			Total Pt. Assess. Hours			
Hours	Hours	Hours	Trauma	Basic	Intermediate	Paramedic
			Trauma Systems & Mechanism of Injury	10	10	10
			Hemorrhage & Shock			
			Soft Tissue Trauma			
			Burns			
			Head & Facial Trauma			
			Spinal Trauma			
			Thoracic Trauma			
			Abdominal Trauma			
			Musculoskeletal Trauma			
			Total Trauma Hours			

IST Program Overview

Hours	Hours	Hours	Medical	Basic	Intermediate	Paramedic
			<i>Pulmonary</i>	15	18	18
			<i>Cardiology</i>			
			<i>Neurology</i>			
			<i>Endocrinology</i>			
			<i>Allergies & Anaphylaxis</i>			
			<i>Gastroenterology</i>			
			<i>Urology / Renal</i>			
			<i>Toxicology</i>			
			<i>Hematology</i>			
			<i>Environmental Conditions</i>			
			<i>Infectious & Communicable Diseases</i>			
			<i>Behavioral & Psychiatric Disorders</i>			
			<i>Gynecology</i>			
			<i>Obstetrics</i>			
			Total Medical Hours			
Hours	Hours	Hours	Special Considerations	Basic	Intermediate	Paramedic
			<i>Neonatology</i>	6	6	6
			<i>Pediatrics</i>			
			<i>Geriatrics</i>			
			<i>Abuse & Neglect</i>			
			<i>Patients with Special Challenges</i>			
			<i>Acute Interventions for Home Health Care Pt.</i>			
			Total Sp. Cons. Hours			
Hours	Hours	Hours	Assessment Based - Management	Basic	Intermediate	Paramedic
			<i>Assessment Based - Management</i>	0	0	0
			Total ABM Hours			
Hours	Hours	Hours	Operations	Basic	Intermediate	Paramedic
			<i>Ambulance Operations</i>	2	2	2
			<i>Medical Incident Command</i>			
			<i>Rescue Awareness & Operations</i>			
			<i>Hazardous Materials Incidents</i>			
			<i>Crime Scene Awareness</i>			
			Total Operations Hours			
			Total Program Hours	48	48	48

Detailed Monthly Training Schedule

Primary EMS Provider Name

Primary Training Officer Name

[illegible]

NON-IST indicates other in-house training not covered under the IST Didactic Divisions and may include IST Skills development.

I verify that the proposed training will occur each month within the guidelines as set forth in the IST policy.

Signature: Primary Training Officer / Date

Signature: Medical Control / Date

Detailed Monthly Training Schedule (Additional Page If Needed)

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